

SERFF Tracking Number:	NTAC-125550236	State:	Arkansas
Filing Company:	National American Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	NAIC-WC-AR-2008-01-F		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Terrorism Disclosure/NAIC-WC-AR-2008-01-F		

Filing at a Glance

Company: National American Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: NTAC-125550236 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: NAIC-WC-AR-2008-01-State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Jennifer Carr

Disposition Date: 03/17/2008

Date Submitted: 03/17/2008

Disposition Status: Approved

Effective Date Requested (New): 03/31/2008

Effective Date (New): 03/31/2008

Effective Date Requested (Renewal): 03/31/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Disclosure

Project Number: NAIC-WC-AR-2008-01-F

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 03/17/2008

State Status Changed: 03/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

National American Insurance Company submits for information purposes, the enclosed revised terrorism disclosure notice. The notice was revised to comply with the terms of the Terrorism Risk Insurance Program Reauthorization Act of 2007. Refer to the enclosed filing memorandum for additional information.

Company and Contact

Filing Contact Information

SERFF Tracking Number: *NTAC-125550236* *State:* *Arkansas*
Filing Company: *National American Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *NAIC-WC-AR-2008-01-F*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: *Terrorism Disclosure/NAIC-WC-AR-2008-01-F*

Jennifer Carr, Rate and Form Analyst jcarr@naico.com
1010 Manvel Avenue (800) 822-7802 [Phone]
Chandler, OK 74834 (405) 258-4520[FAX]

Filing Company Information

National American Insurance Company	CoCode: 23663	State of Domicile: Oklahoma
1010 Manvel Avenue	Group Code:	Company Type: Property & Casualty
Chandler, OK 74834	Group Name: None	State ID Number:
(800) 822-7802 ext. 4486[Phone]	FEIN Number: 47-0247300	

SERFF Tracking Number: *NTAC-125550236* *State:* *Arkansas*
Filing Company: *National American Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *NAIC-WC-AR-2008-01-F*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: *Terrorism Disclosure/NAIC-WC-AR-2008-01-F*

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National American Insurance Company	\$50.00	03/17/2008	18708560

<i>SERFF Tracking Number:</i>	<i>NTAC-125550236</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NAIC-WC-AR-2008-01-F</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure/NAIC-WC-AR-2008-01-F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/17/2008	03/17/2008

<i>SERFF Tracking Number:</i>	<i>NTAC-125550236</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NAIC-WC-AR-2008-01-F</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure/NAIC-WC-AR-2008-01-F</i>		

Disposition

Disposition Date: 03/17/2008

Effective Date (New): 03/31/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NTAC-125550236	State:	Arkansas
Filing Company:	National American Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	NAIC-WC-AR-2008-01-F		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Terrorism Disclosure/NAIC-WC-AR-2008-01-F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Expedited Filing Transmittal	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Coverage	Approved	Yes

SERFF Tracking Number: NTAC-125550236 State: Arkansas

Filing Company: National American Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: NAIC-WC-AR-2008-01-F

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Terrorism Disclosure/NAIC-WC-AR-2008-01-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Coverage	PN-TER1	1-08	Disclosure/ Replaced Notice	Replaced Form #:0.00 NOTICE 1 (11/02) Previous Filing #: N/A		PN-TER1 1-08.pdf

NATIONAL AMERICAN INSURANCE COMPANY

WORKERS' COMPENSATION

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

First Named Insured: _____

Policy Number: _____

Policy Effective Date: _____

Date of Mailing: _____

<i>SERFF Tracking Number:</i>	<i>NTAC-125550236</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NAIC-WC-AR-2008-01-F</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure/NAIC-WC-AR-2008-01-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NTAC-125550236 State: Arkansas
Filing Company: National American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: NAIC-WC-AR-2008-01-F
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Terrorism Disclosure/NAIC-WC-AR-2008-01-F

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty
Bypass Reason: NOT APPLICABLE
Comments:

Review Status:
Approved 03/17/2008

Satisfied -Name: Filing Memorandum
Comments:
Attachment:
Filing Memorandum - Terrorism Disclosures WC.pdf

Review Status:
Approved 03/17/2008

Satisfied -Name: Expedited Filing Transmittal
Comments:
Attachment:
Expedited Filing Transmittal-AR WC.pdf

Review Status:
Approved 03/17/2008

**NATIONAL AMERICAN INSURANCE COMPANY
FILING MEMORANDUM**

National American Insurance Company submits for informational purposes, the enclosed revised terrorism disclosure notice. The disclosure was amended to comply with the terms of the Terrorism Risk Insurance Program Reauthorization Act of 2007. We are withdrawing previously filed disclosures that are no longer applicable.

New Form #	Replaced Form #	Title	Description
PN-TER1 (1/08)	NOTICE 1 (11/02)	Policyholder Disclosure Notice of Terrorism Coverage	Explains the terms of the Terrorism Risk Insurance Program Reauthorization Act of 2007 and discloses premium
WITHDRAWN FORMS			
NOTICE 6 (11/02)	WITHDRAWN	Policyholder Disclosure - Notice of Terrorism Insurance Coverage	

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s)

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Print Name:

Title: